

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P. O. Box 989002
West Sacramento, CA 95798-9002
www.bsis.dca.ca.gov
(916) 322-4000
1-800 952-5210



RENEWAL APPLICATION

LOCKSMITH COMPANY OPERATOR BRANCH OFFICE REGISTRATION

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION

1. Identify the expiration date of your current registration.
2. If your registration has expired, you must pay the delinquency fee and check the box below.
3. Print your company name and address; check the box if there has been a change in address.
4. Print your entire registration number and sign and date the renewal application.
5. Do not send cash. Send a check or money order for fee(s) made payable to: Bureau of Security and Investigative Services and mail to P. O. Box 989002, West Sacramento, CA 95798.

PLEASE READ CAREFULLY

Registrations must be renewed on or before the date of expiration, but should not be submitted earlier than sixty (60) days before the certificate's expiration date. BRANCH OFFICE REGISTRATIONS MAY NOT BE RENEWED AFTER 3 YEARS FROM THE EXPIRATION DATE. All renewal and delinquency fees must be paid before the renewal of a delinquent registration is granted. If there has been a change of ownership, corporate officer, or manager, the bureau must be contacted immediately. BRANCH OFFICE REGISTRATIONS ARE SITE SPECIFIC REGISTRATIONS AND ARE NON-TRANSFERABLE. IF A BRANCH OFFICE CHANGES LOCATION, THE BRANCH OFFICE MUST OBTAIN A NEW REGISTRATION FOR THE NEW LOCATION.

YOU MAY NOT ENGAGE IN THE BUSINESS OF A LOCKSMITH COMPANY OPERATOR FROM THIS BRANCH OFFICE LOCATION AFTER THE EXPIRATION DATE UNLESS THE LICENSE IS RENEWED OR THE RENEWAL IS PENDING.

☐ **Locksmith Company Operator Branch Office (\$35.00)**

Fee Enclosed \$ _____

☐ Delinquency fee (\$17.50)

If the renewal application is postmarked more than thirty (30) days after the expiration date, delinquency fees shall apply.

Expiration Date ____ / ____ / ____

(Please type or print legibly)

Company Name:					LCB Registration Number:	
Mailing Address: Street City State Zip Code					Phone Number: ()	
Physical Address: Street City State Zip Code					<input type="checkbox"/> Check here if the mailing and/or physical address have changed	
Email Address:						
The following certification must be signed by the Manager : I certify, under penalty of perjury under the laws of the State of California, that all statements attached hereto, are true and accurate.					Date: / /	
Signature: _____						
Printed Name: _____						